

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** All Providers  
Managed Care Plans

**Memorandum No. 03-97 MAA**  
**Issued:** December 24, 2003

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For further information, call:**  
1-800-562-6188

**Supersedes: 02-89 MAA**

**Subject: Year 2004 Healthy Options, Basic Health Plus, SCHIP, and Primary Care Case Management Updates**

**Effective for dates of service on and after January 1, 2004**, the following changes apply to Healthy Options (HO), Basic Health Plus (BH+), State Children's Health Insurance Program (SCHIP), and Primary Care Case Management (PCCM) clients.

## **Year 2004 Changes**

### **Healthy Options/State Children's Health Insurance Program**

- **Plan Changes:**

The plans available in a number of counties have changed in 2004. See Attachment I for details:

- ✓ Columbia United Provider (CUP) will no longer serve clients in Cowlitz and Wahkiakum counties.
- ✓ Regence Blue Shield will no longer serve clients in King county and has reduced its service in Pierce county.
- ✓ Group Health Cooperative (GHC) will no longer serve clients in Snohomish county. GHC will only serve parts of King and Pierce counties and is reducing its networks in Kitsap and Spokane counties, although members will have the option of going to different Group Health providers.

- **County Changes:**

- ✓ Snohomish county will change from voluntary enrollment to mandatory enrollment starting in March. Clients eligible for Medicaid may now voluntarily enroll with one of the following three plans: Community Health Plan of WA, Molina Healthcare of WA, or Regence Blue Shield (Camano Island only). If clients do not choose a plan beforehand, they will be assigned a plan in March.



**Note:** Some plans are accepting clients in certain areas of a county only. HO plans have limits on the number of clients they can accept in each county. Consequently, the availability of plans in an area may change during the year, as the plans reach the limit of enrollees they can accept or add to their provider networks. Please call the plans and/or check: <http://maa.dshs.wa.gov/ipndweb> for the latest information on each county.

- ✓ Asotin and Wahkiakum counties will be fee-for-service (FFS) only. Clients may go to any provider who accepts the Medical Assistance Administration's (MAA) FFS reimbursement. FFS means that clients, at no cost to themselves, can receive covered services from any provider who accepts MAA's reimbursement on a fee-for-service basis. The provider must bill MAA directly.
- ✓ In the following eight counties, enrollment is voluntary for HO and SCHIP clients:

Clallam	Jefferson	Thurston
Columbia	Kittitas	Whitman
Garfield	Klickitat	



**Note:** Counties designated as "voluntary" may change during the year, depending on the availability of providers in the plans' networks (check the county page at <http://maa.dshs.wa.gov/ipndweb/> for the latest information.)

In the eight counties listed above, clients eligible for HO or SCHIP can either enroll in a plan that is accepting new clients in that county or choose fee-for-service.

All counties not listed above require mandatory enrollment. Clients eligible for HO or SCHIP in mandatory counties must enroll in a managed care plan.

## Basic Health Plus

See Attachment I for specific details about plan areas and contact information.

## **Primary Care Case Management (PCCM)**

**There are no changes in the PCCM program at this time.** Currently, American Indian/Alaska Native clients enrolled with PCCMs have “PCCM” listed in the HMO column on their DSHS Medical Identification (ID) card. Providers must contact the PCCM prior to providing nonemergent services. The name and telephone number of the PCCM is located in the bottom right-hand corner of the client’s Medical ID card.

## **Healthy Options Enrollment Forms and Packets**

To obtain HO sign-up forms, you may go to:

<http://www.wa.gov/dshs/dshsforms/forms/eforms.html>.

There are separate sign-up forms for mandatory (13-664GM) and voluntary (13-664GV) counties. Attached is a copy of a generic enrollment form.

To obtain copies of the HO packet, you may order them on-line from the Department of Printing’s website: <http://www.prt.wa.gov>. Click on “Shopping”, then “General Store,” then “Choose by Agency,” then “Medical Assistance.” Be sure to choose the correct packet from the list: *Healthy Options Voluntary Packet* or *Healthy Options Mandatory Packet*.

Both packets contain a sign-up form, instruction booklet, American Indian/Alaska Native information, and health plan information. The voluntary packets also contain information on the difference between fee-for-service and managed care.

To obtain this memorandum and the attachments electronically, go to MAA’s website at: <http://maa.dshs.wa.gov/> and click on “Provider Publications/Fee Schedules).

For more information on HO, BH+, and SCHIP providers, go to: <http://maa.dshs.wa.gov/ipndweb>.

**Attachment I – Carrier List**

**Attachment II – List of Program Managers**

**Attachment III – Map of HO/SCHIP Service Areas 2004**

**Attachment IV – Map of Basic Health Plus Services Areas 2004**

**Attachment V – Generic Enrollment Form**

# ATTACHMENT I

## MEDICAL ASSISTANCE ADMINISTRATION HEALTHY OPTIONS, BASIC HEALTH PLUS, AND CHILDRENS' HEALTH INSURANCE PROGRAM CARRIERS Effective January 2004

Contact carriers for billing addresses and authorization information. Some of the plans only cover partial county areas and there may be changes during the year—please contact the plan and/or check the Provider Directory web site, Plan by County Page: <http://maa.dshs.wa.gov/ipndweb>

PLAN NAME	COUNTIES (Note: May be only partial coverage)	PLAN CONTACT	CLIENT CONTACT	PLAN ID
Asuris Northwest Health Plan Post Office Box 91130 Mail Stop BR325 Seattle, Washington 98111	<b><u>HO and CHIP</u></b> Spokane	Valerie Martinolich (253) 573-3248 FAX: (253) 573-3253 <a href="mailto:vmartinolich@regence.com">vmartinolich@regence.com</a>  Hazel Castillo (206) 573-3035 FAX: (206) 573-3252  <b><u>PHARMACY CONTACT</u></b> Linda Sturm (206) 464-8068 FAX: (206) 287-5865	<b>1-866-240-9560 (HO)</b> 1-866-240-9560 (CHIP)	<b>ANH</b>
Columbia United Providers 19120 SE 34 <sup>th</sup> St., Suite 201 Vancouver, Washington 98683	<b><u>HO, BH+ and CHIP</u></b> Clark, Skamania  <b><u>HO CHIP ONLY</u></b> Klickitat*  *partial county	Cindy Orth (360) 449-8867 FAX: (360) 449-8862 E-mail: <a href="mailto:corth@cuphealth.com">corth@cuphealth.com</a>  <b><u>PHARMACY CONTACT</u></b> Hi School Pharmacy Gina Garrison (360) 213-2312	<b>1-800-315-7862 (HO)</b> 1-800-315-7862 (BH+) 1-800-315-7862 (CHIP) (360) 891-1520	<b>CUP CUPP</b>

**ATTACHMENT I**

PLAN NAME	COUNTIES (Note: May be only partial coverage)	PLAN CONTACT	CLIENT CONTACT	PLAN ID
<p>Community Health Plan of Washington 720 Olive Way, Suite 300 Seattle, Washington 98101-9619</p>	<p><b><u>HO, BH+ and CHIP</u></b> Adams, Benton, Chelan, Clark, Cowlitz, Douglas, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific*, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Walla Walla, Whatcom, Yakima</p> <p>*partial county</p>	<p>Annette English (206) 613-8940 Fax (206) 521-8834</p> <p><u>CUSTOMER SERVICE</u> 1-800-440-1561 FAX: (206) 521-8834</p> <p><u>PHARMACY CONTACT</u> Express-Scripts 6625 West 78<sup>th</sup> Street Bloomington, MN 55439 1-800-233-8065</p>	<p><b>1-800-440-1561 (HO)</b> <i>1-800-440-1561 (BH+)</i> 1-800-440-1561 (CHIP)</p>	<p><b>CHPW</b> <i>CHPP</i></p>
<p>Group Health 521 Wall Street Seattle, Washington 98121</p>	<p><b><u>HO, BH+ and CHIP</u></b> King*, Kitsap*, Pierce, Spokane</p> <p><b><u>BH+ ONLY</u></b> Thurston</p>	<p><u>PROVIDER SERVICES</u> (206) 988-2000 FAX: (206) 988-2001</p> <p><u>PHARMACY CONTACT</u> Doug Beeman (206) 901-4424 FAX: (206) 901-4410 E-mail: <a href="mailto:beeman.dw@ghc.org">beeman.dw@ghc.org</a></p> <p><u>OPERATIONS QUESTIONS</u> Jean Kindem 1-800-497-2210, ext .7124 FAX: (509) 241-7604 E-mail: <a href="mailto:kindem.j@ghc.org">kindem.j@ghc.org</a></p> <p><u>MARKETING, CONTRACT MANAGEMENT &amp; POLICY INFORMATION</u> Bob Moore (206) 448-6110 FAX: (206) 448-4271 E-mail: <a href="mailto:moore.rt@ghc.org">moore.rt@ghc.org</a></p>	<p><b>1-888-901-4636 (HO)</b> <i>1-888-901-4636 (BH+)</i> 1-888-901-4636 (CHIP)</p>	<p><b>GHC</b> <i>GHP</i></p>

**ATTACHMENT I**

<b>PLAN NAME</b>	<b>COUNTIES</b>  <b>(Note: May be only partial coverage)</b>	<b>PLAN CONTACT</b>	<b>CLIENT CONTACT</b>	<b>PLAN ID</b>
Kaiser Foundation Health Plan of the Northwest 500 N.E. Multnomah, Suite 100 Portland, Oregon 97232-2099	<b><u>BH+ ONLY</u></b> Clark, Cowlitz	Daniel J. Field (503) 813-2467 FAX: (503) 813-3985  <u>ELIGIBILITY QUESTIONS</u> 1-800-813-2000	1-800-813-2000 (BH+)	KHPP
Molina Healthcare of WA Inc. PO Box 1469 Bothell, Washington 98041-1469  21540 30 <sup>th</sup> Dr. SE, Suite 400 Bothell, Washington 98021	<b><u>HO, BH+ and CHIP</u></b> Adams, Chelan, Columbia, Douglas, Grant, King*, Lincoln, Okanogan, Pierce, Spokane, Walla Walla  *partial county  <b><u>HO and CHIP ONLY</u></b> Adams, Benton, Chelan, Clallam, Columbia, Cowlitz, Douglas, Franklin, Garfield, Grant, Grays Harbor, Island, King, Kitsap, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima	<u>CONTRACT ISSUES</u> Claudia St. Clair 1-800-869-7175, Ext. 1154 FAX: 425-424-1182  <u>PROVIDERS, HOSPITALS, INTERESTED PARTIES</u> Laurel Lee 1-800-869-7175, Ext. 1121 FAX: 425-424-1172  <u>PHARMACY CONTACT</u> Shea Wilson 1-800-869-7175, Ext. 7151 FAX: 1-800-869-7791	<b>1-800-869-7165 (HO)</b> 1-800-869-7165 (BH+) 1-800-869-7165 (CHIP)	<b>MHC</b> MHCP
Premiera Blue Cross Inc. PO Box 12890 Seattle, Washington 98111-4890	<b><u>HO, BH+ and CHIP</u></b> Island, King, Kittitas, Pacific, Pierce, Stevens, Whatcom, Yakima  <b><u>BH+ ONLY</u></b> Asotin, Garfield, Whitman  <b><u>HO and CHIP ONLY</u></b> Ferry, Pend Oreille	<u>REFERRAL CONCERNS</u> 1-800-241-1796  <u>CONTRACTING CONCERNS</u> 1-800-422-0032, Ext. 5330  <u>ELIGIBILITY, BENEFITS, PHARMACY AND CLAIMS CONCERNS</u> 1-800-427-7272 FAX: (425) 918-5332 or (877) 222-6584	<b>1-800-427-7272 (HO)</b> 1-800-691-3072 (BH+) 1-800-427-7272 (CHIP)	<b>PBC</b> PBPCP

**ATTACHMENT I**

PLAN NAME	COUNTIES (Note: May be only partial coverage)	PLAN CONTACT	CLIENT CONTACT	PLAN ID
<p>Regence Blue Shield Post Office Box 21267 Seattle, Washington 98111-3267</p> <p>Basic Health Plus Mail Stop: BR-305</p> <p>Healthy Options Mail Stop: BR-390</p>	<p><b><u>HO, CHIP, and BH+</u></b></p> <p>Clallam, Pacific, Pierce, San Juan, Skagit, Snohomish*, Yakima</p> <p>*partial county</p> <p><b><u>HO ONLY</u></b> Island</p> <p><b><u>BH+ ONLY</u></b> Grays Harbor ,King* (online correction 1/20/04)</p>	<p>Valerie Martinolich (253) 573-3248 FAX: (253) 573-3253 vmartinolich@regence.com</p> <p>Hazel Castillo (206) 573-3035 FAX: (206) 573-3252</p> <p><u>PHARMACY CONTACT</u> Linda Sturm (206) 464-8068 FAX: (206) 287-5865</p>	<p><b>1-800-669-8791 (HO)</b> <i>1-800-560-5731 (BH+)</i> 1-800-669-8791 (CHIP)</p>	<p><b>RBS</b> RBSP</p>

Department of Social and Health Services  
 Medical Assistance Administration  
 Division of Program Support  
 November 25, 2003

**ATTACHMENT II**

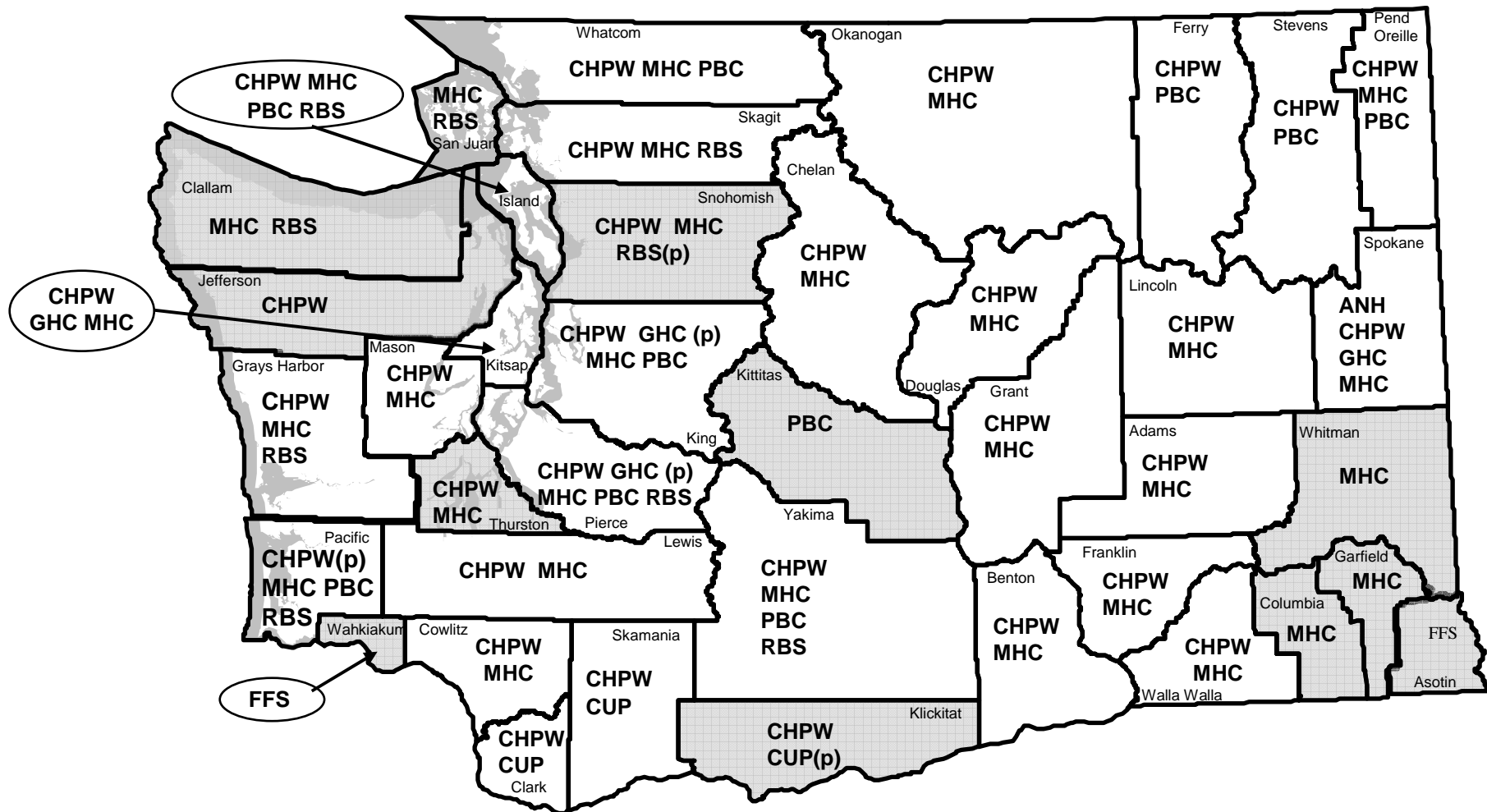
**MANAGED CARE CONTRACTS SECTION ASSIGNMENTS**

**Peggy Wilson, Section Manager**  
**Telephone: (360) 725-1731**

STAFF	PHONE	PRIMARY MANAGED CARE FUNCTION	COUNTY COORDINATION
<b>Andree Balzer</b> <a href="mailto:balzeaa@dshs.wa.gov">balzeaa@dshs.wa.gov</a>	(360) 725-1660	PREMERA Blue Cross (PBC)	Pierce, Whitman, Yakima, Kittitas
<b>Amandalei Bennett</b> <a href="mailto:bennea@dshs.wa.gov">bennea@dshs.wa.gov</a>	(360) 725-1646	Molina Healthcare of Washington, Inc.(MHC) Community Health Plan of Washington	King, Skagit, Whatcom, Snohomish, San Juan, Island, Adams/Grant, Chelan, Douglas, Okanogan , Klickitat
<b>Becky Boutilier</b> <a href="mailto:boutibm@dshs.wa.gov">boutibm@dshs.wa.gov</a>	(360) 725-1639	IPND Manager	
<b>Denise Davidson</b> <a href="mailto:daviddd@dshs.wa.gov">daviddd@dshs.wa.gov</a>	(360) 725-1637	SSI Adjustment Specialist	
<b>Penny Dow</b> <a href="mailto:dowpl@dshs.wa.gov">dowpl@dshs.wa.gov</a>	(360) 725-1636	FQHC/RHC Coordinator Regence Blue Shield (RBS) Community Health Plan of Washington	Benton, Franklin, Walla Walla, Columbia, Garfield, Thurston, Mason, Lewis
<b>Agnes Ericson</b> <a href="mailto:ericsa@dshs.wa.gov">ericsa@dshs.wa.gov</a>	(360) 725-1625	Encounter Data and HIPAA Project	Grant, Ferry, Stevens, Pend Oreille, Kaiser Foundation Health Plan (KHP) Columbia United Providers (CUP)Clark, Skamania, Lincoln, Spokane
<b>Alan Himsl</b> <a href="mailto:himslaj@dshs.wa.gov">himslaj@dshs.wa.gov</a>	(360) 725-1647	Group Health Cooperative (GHC) Kaiser Foundation Health Plan (KHP) Columbia United Providers (CUP)	Clallam, Jefferson, Kitsap, Pacific, Grays Harbor, Cowlitz, Wahkaikum
<b>Kay Sheffield</b> <a href="mailto:sheffkj@dshs.wa.gov">sheffkj@dshs.wa.gov</a>	(360) 725-1644	IPND Office Assistant	
<b>Michael Paulson</b> <a href="mailto:paulsmj@dshs.wa.gov">paulsmj@dshs.wa.gov</a>	(360) 725-1641	Managed Care Contracts Coordinator	
<b>Michelle Senn</b> <a href="mailto:sennmr@dshs.wa.gov">sennmr@dshs.wa.gov</a>	(360) 725-1643	Systems Manager	



# HO/SCHIP Service Areas 2004

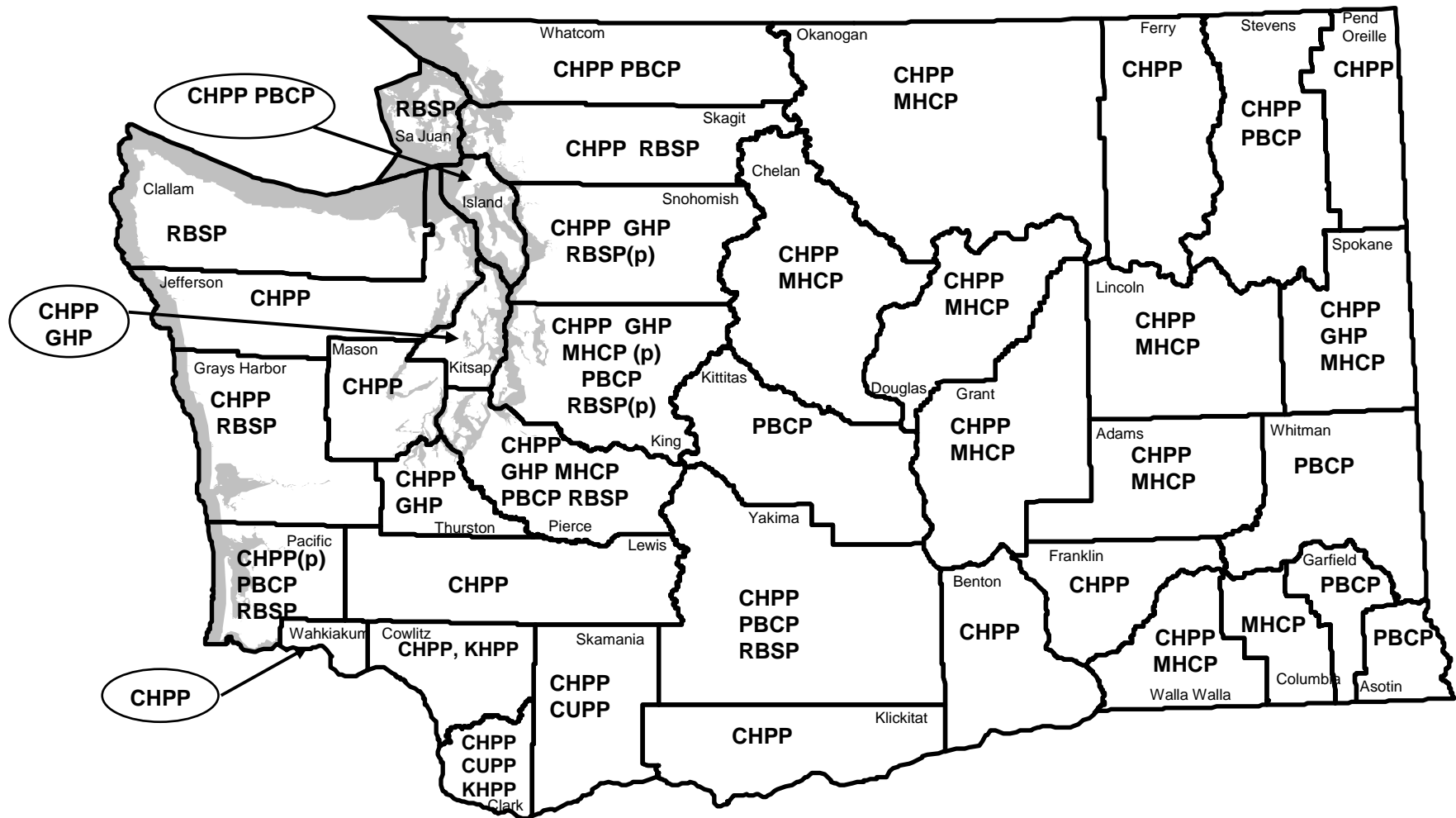


Shaded Counties represent counties where enrollment in managed care is voluntary (not mandatory) either because there is only one plan or because the contracted plans do not have sufficient capacity. Asotin and Wahkiakum counties are FFS.(p) Indicates plan is not serving the entire county, only certain zip codes.

**Year 2004 HO/SCHIP**  
**Plan numbers and Abbreviations**

<b>ANH</b>	Asuris Northwest Health Plan
<b>CHPW</b>	Community Health Plan of Washington
<b>CUP</b>	Columbia United Providers
<b>GHC</b>	Group Health Cooperative
<b>MHC</b>	Molina Healthcare of Washington, Inc.
<b>PBC</b>	Premera Blue Cross
<b>RBS</b>	Regence Blue Shield

# Basic Health Plus Service Areas 2004



(p) Indicates plan is not serving the entire county, only certain zip codes:

Updated 11/19/03  
mrs

**Year 2004 Basic Health**  
**Plan numbers and Abbreviations**

<b>CHPP</b>	<b>7502495</b>	Community Health Plan of Washington
<b>CUPP</b>	<b>7500630</b>	Clark United Providers
<b>GHP</b>	<b>7502610</b>	Group Health Cooperative
<b>KHPP</b>	<b>7500499</b>	Kaiser Foundation Health Plan
<b>MHCP</b>	<b>7502511</b>	Molina Healthcare of Washington, Inc
<b>PBCP</b>	<b>7502594</b>	Premera Blue Cross
<b>RBSP</b>	<b>7502503</b>	Regence Blue Shield



# Sign-up form

for picking your health plan  
and asking for the doctors you want

CASE NUMBER		
CLIENT NAME		
CLIENT ADDRESS		
CITY	STATE	ZIP CODE

You don't have to fill out this form if  
you sign up by phone at 1-800-562-3022.  
(TTY/TDD users only, call  
1-800-848-5429)

- 1. Pick your health plan.** You need to sign-up with a health plan. Everyone listed on your medical ID card must be in the same plan.
- **Look at the green information sheets** in this packet to find out more about the health plans you can be in. There's a separate sheet for each plan with a number to call if you have questions about the plan.
  - **Read the short booklet** in this packet. It gives things to think about before you pick your plan.
  - **If there are certain doctors you want to use**, call them to find out which health plans they are with before you pick your plan. Once you are in a plan, you must use only the doctors that are part of that plan. You can ask for the doctors you want on the back side of this form.

Write in below which health plan you want for yourself and the other people who are listed on your medical ID card:

## 2. Is anyone who is listed on your medical ID card pregnant?

Are you, or is anyone else listed on your medical ID card, pregnant?

☐ No

☐ Yes → Who is pregnant? Name: \_\_\_\_\_ Due date: \_\_\_\_\_

What doctor or other medical provider is this person seeing for her pregnancy?

Name of doctor: \_\_\_\_\_ Office phone: \_\_\_\_\_



Please turn this page over



**3. Ask for the doctors you want to use as PCPs.** Once you are signed up for the health plan you picked, you will go to one person in this plan for most or all of your care. This person is called your **PCP**, which stands for **P**rietary **C**are **P**rovider. Your PCP can be a doctor, nurse practitioner, or physician assistant.

You and each person who is listed on your medical ID card **must have a PCP who is with the plan you picked.** If you have doctors you want to use as your PCPs, and you know they are in the plan you picked, write their names below. Remember, some doctors are in more than one Healthy Options health plan.

**The health plan you picked will let you know if it's okay for you to have the PCPs you list below.** If you don't write the names of any PCPs on this form, your health plan will help you find a PCP after you are signed up.

Name of person on your medical ID card	Which doctor would you like to have as a PCP for this person? (all doctors you list as PCPs must be in the health plan you picked on the other side of this form —call them to ask if you're not sure)
	Name of PCP: Office phone:
	Name of PCP: Office phone:
	Name of PCP: Office phone:
	Name of PCP: Office phone:
	Name of PCP: Office phone:
	Name of PCP: Office phone:
If there are others listed on your medical ID card and their names are not printed here, write their names and the PCPs they want to use on a separate sheet of paper.	

**4. Children with special health care needs.**

Of the children who are listed on your medical ID card, are there any with a special medical condition or developmental delay?

☐ No

☐ Yes —▶ Please give the child's (or children's) name and special health condition(s):

\_\_\_\_\_

**5. Send in this sign-up form.** When you have finished both sides of this form, please send it to us in the return envelope that came in this packet (no stamp needed). If the envelope is missing, send this form to: Healthy Options, DSHS, PO Box 45505, Olympia WA 98504-5505.